



Mayor's Health Care Initiative Outcomes Report



For The Office of
The Honorable Alex Penelas
Mayor of Miami-Dade County

Prepared by:
The Health Council of South Florida, Inc.

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About This Report

This report covers the proceedings and outcomes of the Mayor's Health Care Initiative held on February 15, 2002 in Miami, Florida. The Initiative was hosted by the Honorable Alex Penelas, Mayor of Miami-Dade County, and was attended by public entities, private sector businesses and private residents.

The Mayor's Health Care Initiative provided a forum for participants to discuss Miami-Dade County's uninsured population and to formulate recommendations for the local community to implement. A listing of all recommendations put forth by Initiative participants, as well as priority ranking outcomes, are included within this report.

In response to his commitment to this endeavor, Mayor Penelas announced the formation of a Health Care Access Task Force to shape and implement the prioritized recommendations. This report will be utilized by the Task Force throughout the implementation of its charged responsibilities.

This report was prepared by the Health Council of South Florida, Inc., a private, non-profit health planning agency. The Health Council of South Florida, Inc. is one of 11 non-profit local health councils funded by the Legislature to plan for health throughout Florida. The local health councils are established under Florida law (Statute 408.033) to collect data, prepare regional health plans, and assist communities to address local health issues.

Our mission is "to improve health care in Miami-Dade and Monroe Counties."

Executive Summary

Mayor's Health Care Initiative Mission Statement

“To ensure that residents in Miami-Dade County have access to quality, convenient and affordable health care coverage through governmental and private partnership and public awareness of available and new programs.”

Introduction

Currently, 43 million Americans are without health insurance - 55 million are uninsured for at least one month. The uninsured comprise various population groups including children, full-time and part-time workers, the working poor, immigrants, and college students. In Florida, nearly 2 in 10 residents lack health insurance coverage (2 million residents). Florida's uninsured are heavily concentrated in certain regions of the state, including the South Florida area. According to the Florida Health Insurance Study¹ conducted by the Agency for Health Care Administration in collaboration with the University of Florida, there are approximately 450,000 uninsured in Miami-Dade County (1 in 4 residents). Given the recent economic downturn, current prorated estimates indicate that Miami-Dade County now has 475,000 uninsured. The Florida Health Insurance Study also found that Miami-Dade County has the 6th highest percentage of non-elderly uninsured among all counties in the state.

More than 20% of adults (age 18 to 64) employed full-time and 36% of adults employed part-time in Miami-Dade County lack health insurance. More than half (76,000) of uninsured full-time workers in Miami-Dade County are employed by small businesses (1-9 employees). Many employers, especially small business owners, cite cost as the primary reason for not offering health insurance coverage to their employees.²

Mayor's Health Care Initiative

In an effort to address Miami-Dade County's challenge to provide convenient, accessible, and affordable health care to its nearly half a million uninsured residents, Mayor Alex Penelas hosted the Mayor's Health Care Initiative on February 15, 2002. The Mayor's Health Care Initiative provided a forum for participants to discuss Miami-Dade County's health care delivery system and to formulate recommendations for the local community. Several presentations were given on the uninsured, encompassing a description of the uninsured population, the economic impact to the business community of health care coverage and revolutionizing health care through community action. An estimated 160 Initiative participants were invited to provide their recommendations for innovative health care endeavors in the following three areas: 1) Expanding Eligibility; 2) Outreach and Education; and 3) Public/Private Partnership - Engaging the Business Community. During this "Call to Action" portion of the program, participants created a fourth category for Governance-related recommendations. Utilizing an interactive voting process, each of the participants selected his/her top three priority areas within each of the aforementioned categories.

Mayor Penelas' Health Care Initiative Address

Mayor Penelas addressed Initiative participants. Mayor Penelas stated that there are many reasons why uninsured individuals who are eligible for existing safety net programs, such as the Florida KidCare Program, are not enrolled. These reasons include an innate fear of government, language barriers, and a lack of understanding of the eligibility and enrollment process. Mayor Penelas, however, cited that the main reason that eligible individuals are not enrolled in existing safety net programs is because of a lack

¹ Florida Health Insurance Study, Agency for Health Care Administration, 2000.

² Community Voices for the Underserved, Community Voices Miami, June 2000.

of awareness regarding the availability and their eligibility for existing programs as well as how to access them. Some individuals may also feel that they do not need health insurance coverage.

Mayor Penelas acknowledged that the recently released RAND report has raised the issue of the distribution of public funds for indigent care and believes that this serious issue needs to be addressed and reconciled.

Subsequently, Phyllis Busansky, consultant for the Initiative, facilitated the presentation of outcomes from the planning session and ranking of outcome priorities. The following are the results of the interactive voting process, including the top three priorities for each of the three specified categories:

Expanding Eligibility

- ◆ Expand eligibility to undocumented children. (47 votes)
- ◆ Expand eligibility to undocumented individuals. (45 votes)
- ◆ Expand eligibility to working people, particularly for those who have recently transitioned from welfare to work. (43 votes)

Outreach & Education

- ◆ Provide education on prevention and primary care. (61 votes)
- ◆ Breakdown cultural barriers for immigrants. (40 votes)
- ◆ Provide education on transportation services. (32 votes)

Public/Private Partnerships

- ◆ Pay private providers that give indigent care. (96 votes)
- ◆ Provide Chamber endorsed health plans for small businesses. (57 votes)
- ◆ Incorporate social services with health policy issues. (49 votes)

Governance (Added Category for Action)

- ◆ Unify Miami-Dade County's healthcare delivery system countywide. (37 votes)
- ◆ Separate responsibilities for managing funds, formulating policy, and the provision of health services. (21 votes)

It should be noted that the top three ranked priorities across **all four** categories were the following:

1. Pay private providers that give indigent care. (96 votes)
2. Provide education on prevention and primary care. (61 votes)
3. Provide Chamber endorsed health plans for small businesses. (57 votes)

Three cross-cutting issues include:

1. Addressing public/private governance and structural allocation of resources; (154 votes)
2. Addressing the needs of our immigrant and undocumented population; (132 votes) and
3. Addressing the integration of social service and other support services with health services. (124 votes)

A listing of all recommendations put forth by Initiative participants, as well as priority ranking outcomes are included within this report.

Following the presentation of outcomes from the planning session and ranking of outcome priorities, Mayor Penelas noted that he identified the following four recurring themes throughout the presentation of outcomes:

- ◆ Children
- ◆ Immigrants
- ◆ Transportation
- ◆ Governance

Although Mayor Penelas was not surprised at the recommended priorities, he did note that transportation barriers are faced by the uninsured, as well as the insured and underinsured. Therefore, he hopes that the healthcare community rallies to support transportation initiatives which he is trying to move forward this year.

Mayor Penelas proceeded to state his vision and charge to Initiative participants. The Mayor stated that "there is no reason why in this nation, this state, in this country, in this century, in this year, there should even be one person who does not have full access to health care." Mayor Penelas also enjoined that his vision is "to generate innovative ideas for change." Therefore, Mayor Penelas announced the formation of a Health Care Access Task Force to shape and implement the priorities developed by Initiative participants. Mayor Penelas announced that the following individuals have accepted to serve on the Health Care Access Task Force:

James Bridges, M.D., Medical Co-Chair
Carlos Saladrigas, Private Sector Co-Chair
Steven Marcus, Ed.D., Foundation Co-Chair
Senator Bob Graham
Representative Cindy Lerner
Commissioner Joe Martinez
Commissioner Katy Sorenson

The Health Care Access Task Force is charged with providing oversight and assisting in the design of a plan that offers a comprehensive strategy for addressing the prioritized recommendations. The Task Force is also charged to investigate the availability of funds to ensure successful implementation of recommended programs and plans of action.

The remaining Task Force members were appointed prior to the first Task Force meeting held on March 22, 2002.

Initiative Background of the Issue & Theme

Currently, 43 million Americans are without health insurance - 55 million are uninsured for at least one month. Who are the uninsured? They include children, full-time workers, the working poor, immigrants, and college students. There are an estimated 10 million uninsured children in the United States. However, 65% of uninsured children have at least one parent who worked full-time throughout the year.³ There is also a lack of high quality college or university-based student health care delivery and financing systems.⁴

Many workers face problems retaining affordable coverage, particularly when they change jobs or lose their jobs. Approximately, 17% of full-time workers are without health coverage. As of 1997, approximately 675,000 low-income people became uninsured as a result of welfare reform.⁵ Among women who left welfare and found jobs, only 32% obtained private health coverage; about one-third (33%) became uninsured.⁶ Many employers, especially small businesses, do not offer health insurance coverage. Cost is the primary reason cited as why employers do not provide health coverage to workers.⁷

Nearly 2 in 10 Floridians (2 million residents) are uninsured. The uninsured are heavily concentrated in certain regions of the state, including the South Florida area. According to the Florida Health Insurance Study conducted by the Agency for Health Care Administration in collaboration with the University of Florida, there are approximately 450,000 uninsured in Miami-Dade County. Given the recent economic downturn, current prorated estimates indicate that Miami-Dade County now has 475,000 uninsured. In fact, Miami-Dade County has the 6th highest percentage of non-elderly uninsured among all counties in the state. Miami-Dade County also has the highest uninsurance rate of any urban county in Florida – 60% higher than Broward, Palm Beach, Hillsborough, and Pinellas Counties and more than twice as high as Duval County.

In an effort to address Miami-Dade County's challenge to provide convenient, accessible, and affordable health care to its nearly half a million uninsured residents, Mayor Alex Penelas hosted the Mayor's Health Care Initiative on February 15, 2002. The mission statement of this Initiative is the following:

“To ensure that residents in Miami-Dade County have access to quality, convenient and affordable health care coverage through governmental and private partnership and public awareness of available and new programs.”

³ Covering Kids, 2000.

⁴ Journal of American College Health, January 1994.

⁵ Losing Health Insurance – The Unintended Consequences of Welfare Reform, Families USA, May 1999.

⁶ Ibid.

⁷ Community Voices for the Underserved, June 2000.

Letter from Mayor Penelas

February 15, 2002

Dear Participants:

As the Mayor of Miami-Dade County, it is my privilege to welcome you to the Health Care Initiative.

Miami-Dade County faces the challenge of creating quality, convenient, accessible and affordable health care for more than 450,000 of its uninsured residents. Your participation here today will hopefully stimulate creative discussion that will generate program ideas and plans of action for improving health care access to county residents.

Now more than ever, it is essential that public entities, private sector businesses and private citizens come together with the common purpose of addressing the health care concerns of this community.

Our goal here today is to develop and recommend innovative health care projects and potential funding sources to a future appointed Health Care Access Task Force. That group will then be charged with taking your recommendations and providing oversight and assistance in their actual implementation.

I am wholeheartedly committed to this project and look forward to working closely with all of you to come up with a solution to our community's health care access concerns.

Thank you for participating in this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Penelas". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Alex Penelas
Mayor

Program

8:00 - 8:30

Registration & Continental Breakfast

8:30 – 8:45

Welcome & Program Overview

Diana Gonzalez, Reporter
WTVJ Channel 6 News

8:45 – 9:45

Panel Presentation:

Uninsured Workers & Families – Economic
Impact to the Business Community of Health
Care Coverage

Facilitator:

Vandon White, Ph.D., Professor
Florida International University

Panelists:

Dr. James J. James, Director
Miami-Dade County Department of Health

Dr. Eric Baumgartner, Consultant
Community Health Leadership Network

The Honorable Cindy Lerner
Florida House of Representatives

9:45 – 10:00

Brief Session for Questions & Answers

10:00 – 10:15

Break

10:15 – 11:00

**Revolutionizing Health Care: Is Your
Community Ready?**

Presenter:

Phyllis Busansky, President, Community Health
Leadership Network, Senior Fellow, Hudson
Institute

Program

11:00 – 12:15

Your Turn – A Call to Action

Facilitator:

Phyllis Busansky

- ◆ Expanding Eligibility
- ◆ Outreach and Education
- ◆ Public/Private Partnership – Engaging the Business Community

12:15 – 1:15

Lunch

Keynote Speaker:

The Honorable Alex Penelas

Mayor of Miami-Dade County

*Creating a Blueprint for Health Care Access –
A Public and Private Partnership*

1:15 – 1:50

**Presentation of Outcomes from Planning
Session & Ranking of Outcome Priorities and
Legislative Responses**

Presenters:

Phyllis Busansky & Dr. Eric Baumgartner

1:50 – 2:00

Closing Remarks

The Honorable Alex Penelas

Mayor of Miami-Dade County

2:00

Adjourn

Welcome & Program Overview



WTVJ Channel 6 news reporter Diana Gonzalez served as Master of Ceremonies for the Mayor's Health Care Initiative. Ms. Gonzalez welcomed Initiative participants and recognized the following elected officials for their interest in improving health care access to the uninsured: Elena Roth (Office of U.S. Senator Bob Graham); Emilio Vasquez (Office of U.S. Senator Bill Nelson); and the Honorable Cindy Lerner (State Representative, District 119).

Ms. Gonzalez spoke about the benefits of having employer-sponsored health insurance coverage, particularly when there are nearly half a million uninsured residents in Miami-Dade County. Ms. Gonzalez anticipates that the Mayor's Health Care Initiative "will be the first step in trying to come up with some solutions to address the issue of access for the poor uninsured and underinsured in Miami-Dade County." Initiative participants were also informed that one of the main purposes for the Mayor's Health Care Initiative was to launch the Health Care Access Task Force. This Task Force will be a concerted effort to examine the problem of the uninsured and to undertake the challenge of developing and implementing innovative solutions to address the problem.

Ms. Gonzalez later stated that the local community needs to understand the underlying contributing factors for the high number of uninsured in Miami-Dade County. Some factors presented by Ms. Gonzalez included the following:

- ◆ Cultural diversity of Miami-Dade County residents;
- ◆ Residents' differing ideas about healthcare;
- ◆ A lack of large employers that traditionally offer health insurance coverage;
- ◆ A large number of small businesses unable to provide health insurance coverage; and
- ◆ Miami-Dade County has several poor cities and municipalities.

As stated by Ms. Gonzales, local, state and national strategies need to be identified in order to address Miami-Dade County's uninsured. Ms. Gonzalez informed participants that today's keynote speaker, the Honorable Alex Penelas, Mayor of Miami-Dade County, would convey his vision for how to address the growing number of uninsured in Miami-Dade County. This vision, says Ms. Gonzalez, involves the development of innovative recommendations for the Health Care Access Task Force to utilize. The recommendations offered by participants during the "Call to Action" segment of the Initiative will be prioritized during an interactive portion of program.

An overview of the panel presentation entitled, "Uninsured Workers & Families – Economic Impact to the Business Community of Health Care Coverage," was provided by Ms. Gonzales. Dr. Vandon White, Professor at Florida International University, was introduced as the facilitator for this presentation. The panel, which was comprised of the following individuals, was also introduced:

- ◆ Dr. James J. James, Director, Miami-Dade County Department of Health
- ◆ Dr. Eric Baumgartner, Consultant, Community Health Leadership Network
- ◆ The Honorable Cindy Lerner, Florida House of Representatives

**Synopsis of
Panel
Presentation:
Uninsured Workers
& Families –
Economic Impact
to the Business
Community of
Health Care**

Vandon White, Ph.D., Professor
Florida International University

Dr. Vandon White's presentation, entitled "Getting to Know the Uninsured: A National and Local Perspective," addressed today's uninsured populations, including children, full and part-time workers, the working poor, immigrants, and college students. Currently, there are 43 million Americans without health insurance – 2.1 million reside in the state of Florida. The Florida Health Insurance Study (2000) found that Miami-Dade County has the 6th highest percentage of non-elderly uninsured in the state at 25.23%. As outlined by Dr. White, there are several reasons for high rates of uninsurance in Miami-Dade County, including historically high rates of uninsurance among Hispanics coupled with the large number of Hispanic residents in the county, low rates of employer offered health insurance and the high cost of premiums, and the failure of public insurance programs to fill the gap.

Two-thirds (65.2%) of uninsured employed Floridians ages 18-64 years have employers who do not offer health insurance. Also, more than half (76,000) of uninsured full-time workers are employed by small businesses (1-9 employees). Dr. White provided an overview of current programs and safety net providers in Miami-Dade County, including public insurance programs (e.g., Medicaid), public health clinics, federally qualified health centers (e.g., Health Choice Network), and hospitals. Barriers to health care access for the uninsured were also identified. Some barriers noted included a lack of knowledge of available resources, long waiting lines and long waiting periods for appointments, and the affordability of health care services. Dr. White also recognized current programs striving toward increasing resident's access to care, such as Community Voices Miami and Florida's AIDS Insurance Continuation Program (AICP).

In conclusion, key recommendations directly and indirectly impacting the business community were put forth for consideration. Examples of key recommendations presented included:

- ◆ **Encouraging partnerships that would expand health care coverage in the workplace through existing government supported programs.**
- ◆ **Supporting efforts to educate businesses on public health insurance programs for employers and their families.**
- ◆ **Increase access to primary and secondary health services including dental, vision, mental health and specialty care.**
- ◆ **Supporting neighborhood driven education and outreach initiatives that are culturally and age sensitive.**

A copy of Dr. White's presentation has been included within the Appendix section of this report.

James J. James, M.D., Director
Miami-Dade County Health Department

Dr. James J. James, Director of the county's public health department, stated that today there is a "new understanding of the broad and central role of public health in promoting and protecting the well-being of our people." From the national perspective, the essential role of public health has shifted significantly over the past one hundred years. In the second half of this century the public health department has assumed a new role, that of caregiver and healer. By providing basic services to the county's needy and

vulnerable populations, the local health department has also become an important part of the safety net system. Today, public health is “increasingly recognized as an instrument of health policy” and the “necessary bridge between the political and social will to deliver care and the public and private providers of that care.” Dr. James proceeded to identify the following areas as parameters for this new role: 1) total access to basic health services; 2) prevention and health education; 3) elimination of disparities; and 4) the provision for the physical, mental and social well-being of all residents. While the necessary tools to achieve these objectives are many, the most important one is “an insurance mechanism that meaningfully integrates the beneficiaries with the many facets of the provider system.” Dr. James proceeded to state that “health care is right” and that the public health department is prepared to be the catalyst to achieve this goal. The primary vehicle that that health department will use will be the newly formed Public Health Institute. Dr. James concluded by stating that “like politics, all health care is local.”

Eric Baumgartner, M.D., Consultant Community Health Leadership Network

While a national policy change is needed to assure better access to care, communities across the nation are taking charge through local policy implementation. This “explosion of local leadership” is occurring because these communities “cannot wait for something else to come and address this issue.” Dr. Baumgartner delineated several ways to assure access to health care for the uninsured. They are:

- ◆ **Maximize the offering of affordable, quality benefits.**
Find ways to enable employees to offer affordable benefits and a scope of benefits that are attractive to employees.
- ◆ **Maximize enrollment in public insurance programs.**
- ◆ **Expand outreach efforts and assure ease of enrollment for non-enrolled eligibles.**
- ◆ **Expand eligibility.**
Seek additional funding to leverage local, state, and federal funding.
- ◆ **Increase the uptake of the offering.**
Build upon current outreach achievements and educate people on the availability of programs that will afford them with better access to care. Demystify concerns.
- ◆ **Expand your community’s capacity for direct access to services.**

It should be noted that these strategies should be run simultaneously in order to maximize the benefits of all of them.

When implementing these strategies, there are two dynamics that need to be planned for and these are:

1. A system for quality, integrated care that delivers primary, secondary and tertiary care as outcomes to better health; and
2. Financing.

Unlike the debate concerning the inability of managed care to simultaneously provide quality care, an increase in patients, and cost savings; providing an integrated system of care for the uninsured can assure all three because the starting point is so abysmal. Other model communities have shown that it is possible

to “simultaneously get more people to better health for less cost per person because the starting point is so inefficient.” Dr. Baumgartner concluded by noting that the hardest part in local change is the “intangible of surfacing the new levels of cooperation that will surface the tangibles [assets] and have those assets work better for you.”

The Honorable Cindy Lerner Florida House of Representatives

Representative Cindy Lerner (D-Miami) holds several legislative committee appointments, including the Council for Healthy Communities which oversees Health Promotion and the Elder and Long-Term Care Committees. Prior to becoming a legislator, Representative Lerner worked for 16 years representing abused and neglected children in Miami-Dade County’s Juvenile Center with the Guardian Ad Litem Program. Representative Lerner launched her legislative career during the 2000 legislative session.

According to the Florida Association of Community Health Centers, “one of the most important initiatives to come out of the 2001 Legislative Session was passage of the Mary Brogan Breast and Cervical Cancer Early Detection Program Act” co-sponsored by Representative Lerner.⁸ This new law (CS/SB 1306) provides breast and cervical cancer screening, diagnosis, evaluation, treatment, case management and follow-up care to women who meet eligibility criteria. The program’s funds are generated through the state (\$9 million) and are leveraged through federal matching funds set at 70%.

Representative Lerner proceeded to discuss how the 1998 Florida legislature created the Florida Health Insurance Study (FHIS) “to provide a detailed understanding of the exceedingly complex issues of uninsurance and health insurance coverage.” Additional research to evaluate the impact of welfare reform and wages on the numbers of medically indigent individuals in Florida was later commissioned by the 1999 Florida legislature. It should be noted that some data gathered through FHIS was presented earlier by Dr. Vandon White.

An overview of the Governor’s Summit on Health Care held in September 2000 was provided by Representative Lerner with emphasis given to the governor’s desire to address the uninsured by structuring a basic insurance product to meet the needs on a geographic-specific basis. These geographic areas would be referred to as “health flex communities” and would consist of regions with large volumes of uninsured. “Health flex communities” would be free of mandates and subjected to minimum regulation. Coverage would be offered by insurers who are recruited or through provider service networks specifically invited to offer these flexible products. Catastrophic coverage and some primary care options would also be included. Provided with this insight, Representative Lerner co-sponsored HB 111 during the 2002 legislative session. This bill creates a pilot program of designated health flex plans to provide health care coverage for uninsured persons. These plans “will offer maximum flexibility to groups who are interested in offering low cost plans, and flexibility will include freedom from a long list of insurance mandates and other costly insurance requirements and regulations.” As a pilot project, this program will only be provided in the three highest uninsured areas in Florida, including Miami-Dade County. The product will be targeted to those individuals who are uninsured and who are under 200% of the federal poverty level. It also encourages licensed insurance carriers, local government, hospitals, and other community-based organizations to offer a basic health care benefit package with a focus on preventive health care. The Agency for Health Care Administration will be responsible for quality assurance and the Department of Insurance will be responsible for insuring the financial soundness of the

⁸ Florida Association of Community Health Centers. Available at: www.fhchc.org.

health flex plans. Since Miami-Dade County will be one of the targeted communities, Representative Lerner concluded by stating that it is important for Initiative participants to formulate innovative health care solutions at the Mayor's Initiative because Miami-Dade County will serve as a model for the state of Florida.

It should be noted that the legislation died in Committee on Health, Aging and Long-Term Care on 3/22/02. However, the bill was re-introduced during Special Session and as of 5/6/02 has passed both the House and Senate Committees and is now on its way to the Governor.

Outcomes of Questions & Answers Session

Health care reform has recently received an increasing amount of publicity in Miami-Dade County, particularly regarding the county's half-penny sales tax. Other issues that have also been highlighted include the long waiting periods in hospital emergency rooms, the evolution of emergency room doctors into primary care physicians, the severe nursing shortage, and the lack of a coordinated regional transportation system. Initiative participants were given the opportunity to ask panelists questions during the "Question & Answer" segment of the program. The following outlines the questions posed and answers offered by Initiative panelists, as well as some supplementary remarks presented by participants.

Question #1

There is no public will to understand the issue concerning the growing number of uninsured. How do we generate the knowledge and political will locally, statewide, and nationally?

Representative Cindy Lerner responded that it is vital for community activists to visit their legislators, introduce themselves, and discuss their concerns with them. Meanwhile, Dr. James stated that there exists the political will of the politicians and the political will of the people. Both are important because without public political will "we will not get political will."

Question #2

Concerns were raised regarding HB 111. Could this new law lead to diminution of health plan standards since health flex plans would not be subject to the 51 insurance mandates currently in place?

Representative Cindy Lerner stressed the importance of seeking alternative options to health insurance options for the uninsured. "Too many people do not have access to basic preventive care." It is therefore important to educate the public on the value of health care insurance and support innovative health insurance options for the uninsured.

Supplementary Remarks

- ◆ The County has a \$1.5 billion underground employment industry. A legislative effort is needed to address this matter.
- ◆ Legislators need to be educated about immigrants. Currently our tax system and tourist industry cannot support a statewide safety net.
- ◆ Terry Cuson (CEO, North Dade Chamber of Commerce) informed participants and panelists that affordable health care coverage was the "number one issue" on the Small Business Panel at the recently held Mayor's Economic Summit.
- ◆ Required documentation is a barrier to care in South Miami-Dade. For example, how can the homeless establish residence if they cannot show where they live?

**Synopsis of
Presentation:**
Revolutionizing
Health Care: Is
Your Community
Ready?

After posing the rhetorical question “Revolutionizing Health Care: Is Your Community Ready?”, Diana Gonzalez proceeded to introduce Phyllis Busansky (Ex-County Commissioner from Hillsborough County), President of Community Health Leadership Network and Outstanding Public Official of the Year (*Governing Magazine*, 1995). Phyllis Busansky imparted to Initiative participants that she was participating in the Mayor’s Health Care Initiative because she believes that as a community, Miami-Dade County is “ready for health care reform” and prepared “to commit to action.”

A map entitled, *Communities in Action. State of the 100/0 Movement*, was displayed for participants to view a graphic illustration of the various communities that are currently taking action. Participants were asked, “If the vision that these communities are reaching towards, which is better health care for more people for less money, do you believe that that is possible?” Since the overwhelming majority agreed, Phyllis Busansky indicated that Initiative participants are “on the same belief system” and that this is the first step towards implementing change.

Phyllis Busansky proceeded to provide an overview of three “Best Practice” communities. The following summarizes what these communities have accomplished to reform health care in their area.

- ◆ **Akron, Ohio**

The community of Akron, Ohio had a “Healthy Coalition” in place. However, the Community Health Leadership Network (CHLN) noted that “all the ingredients to make something happen were missing.” What this meant was that elected officials and the media had not been invited to participant during the initial stages of the coalition. Bearing this in mind, the CHLN recommended for the coalition to build a “broad base of support” that was “horizontal rather than vertical.” This best practice community exemplifies the need to “recruit and recruit everyone.”

- ◆ **Hillsborough County, Florida**

Many people know Hillsborough County because of its half-penny sales tax. However, as Phyllis Busansky stated, Hillsborough County should really be known for being a “model for political will.” As Commissioner of Hillsborough County, Phyllis Busansky led the campaign to convince Hillsborough County’s Board of County Commissioners to pass a half-penny sales tax for indigent care. When state legislators did not approve the county’s initial referendum, Hillsborough County joined forces with Miami-Dade County and were successful in obtaining referendum approval in the early 1990s. This “Campaign Model” proved to be successful because it was supported by various organizations, including the Urban League, Mental Health Association, faith-based organizations, Chamber of Commerce, and Better Business Bureau. Throughout this campaign, Hillsborough County exercised both “public will” and “political will.” Phyllis Busansky concluded by stating that “elected officials will influence the outcome of what you [residents] want to happen” if they have the “power of the people behind them.”

- ◆ **Asheville, North Carolina**

This community implemented a “Volunteer Doctor Model.” Throughout this process, benchmarks were set to measure successes, as well as to quantify differences in treatment before and after the implementation of volunteer physicians.

Each community that has begun the process of change has done so in a unique way. In Miami-Dade County, Mayor Penelas began the process by holding the Mayor’s Health Care Initiative. Miami-Dade County is willing to work together. Now, the work that has to be done needs to be identified so that all interested parties can work better together. Phyllis Busansky proceeded to stress the importance of involving elected officials, such as Mayor Penelas and Commissioner Katy Sorenson, throughout the process and assisting them in “designing a system.” Until Miami-Dade County has mapped out its system it does not matter what resources are available if the community doesn’t know where people have to go to

seek care. Social needs, such as transportation, must also be included within the system design. “You can build clinics all over this county but you got to be able to get them there or you got to be able to get to them, the people.” Phyllis Busansky noted that when designing a system, “agree for the time being. You don’t have to agree for your whole lifetime.”

Phyllis Busansky asked Initiative participants, “What is the Miami that you want to see in the year 2004? What is your vision of Miami in 2004?” Terry Cuson (North Dade Regional Chamber of Commerce) stated that “Health care is not a social, it’s not a moral, but a business issue. Healthy people make healthy employees.” Dr. Joe Greer (University of Miami) stated that his vision for Miami-Dade County is to “not live in a community that ranks the poorest and has one of the worst health care situations in the country.” Dr. Leda Perez (Community Voices Miami) followed by reading the vision of Community Voices Miami as a précis of the community’s vision for Miami-Dade County.

Phyllis Busansky proceeded to offer the following recommendations for Miami-Dade County:

- ◆ **Expand recruitment.**
Utilize best practice models from other parts of the country and move them into your community.
- ◆ **Identify and clarify options and resources.**
Miami-Dade County has an extensive amount of resources that can and need to be pulled together. However, a design needs to be developed so that resources can be allocated appropriately.
- ◆ **Start talking about your early winnings.**
Initiative participants need to credit themselves for successes, including small ones.
- ◆ **Generate political will.**
After completing necessary steps for change, start moving the campaign to the people.

Phyllis Busansky also discussed the “Power of the 3Ps”: 1) people; 2) politicians; and 3) the press. The more people and politicians are involved, the stronger a coalition will be and the more likely change will occur. Participants were also told that they must visit small businesses because small business owners cannot always leave their business unattended to be present at coalition meetings.

Phyllis Busansky concluded her presentation by informing participants that “every single one of you is part of the coalition that is going to move this group forward.” It is time to “commit to the action” not just talk. “It is time to also work on the return to community investment.” In order to do this all champions must be identified, including legislators and commissioners. And most importantly, “you must speak in a leadership voice.”

**Synopsis of
Facilitated
Session:**
Your Turn –
A Call to Action

After offering her presentation on “Revolutionizing Health Care: Is Your Community Ready?” Phyllis Busansky invited Initiative participants to provide their recommendations for innovative health care endeavors in the following three areas: 1) Expanding Eligibility; 2) Outreach and Education; and 3) Public/Private Partnership – Engaging the Business Community. During this “Call to Action” portion of the program, participants created a fourth category for Governance-related recommendations.

The following recommendations were put forth by Initiative participants:

Expanding Eligibility

- ◆ Expand eligibility to undocumented children.
- ◆ Expand eligibility to undocumented individuals.
- ◆ Expand eligibility to working people, particularly to those who have recently transitioned from welfare to work.
- ◆ Give priority to indigents.
- ◆ Expand prescription coverage for senior citizens.
- ◆ Simplify the application process of public insurance programs.
- ◆ Address fraud abuse and misuse of the health care system in both the public and private sector to free up money for coverage.
- ◆ Offer health care as a constitutional right.
- ◆ Expand eligibility to all uninsured Miami-Dade County residents.
- ◆ Increase individual and small employer access to health insurance coverage.
- ◆ Pay private hospitals that provide uncompensated care.
- ◆ Expand primary and preventive health care.
- ◆ Expand eligibility to single mothers.
- ◆ Expand eligibility to same sex partners.
- ◆ Expand eligibility to adults between the ages of 18-65 – between KidCare and elder/disable coverage (near elders and adults).
- ◆ Expand waiver services.
- ◆ Expand eligibility for dental services.
- ◆ Breakdown language and cultural barriers that prevent access to health care.
- ◆ Expand catastrophic coverage.

Outreach and Education

- ◆ Expand prevention and primary care education.
- ◆ Breakdown cultural barriers for immigrants.
- ◆ Address mental health and substance abuse issues.
- ◆ Implement early intervention to holistically address social, economic and mental health needs.
- ◆ Utilize different systems (e.g., health, social services) for outreach efforts.
- ◆ Expand nurse recruitment efforts within high schools.
- ◆ Provide education on transportation services.
- ◆ Work with community organizations that represent hard to reach populations.
- ◆ “Cut the Red Tape” for joint outreach and enrollment. For example, child care and reduced price lunch eligibility should be combined with KidCare eligibility.
- ◆ Address the nutritional value of food being served to children at school.
- ◆ Utilize public health professionals for neighborhood-based outreach efforts to direct residents to available services.

- ◆ Involve the faith community in outreach efforts.
- ◆ Conduct a public service campaign and survey public knowledge regarding existing health insurance programs.
- ◆ Expand KidCare outreach and education efforts to employers.
- ◆ Expand education efforts toward health care providers to promote enrollment in existing programs.
- ◆ Expand education on available programs to promote enrollment in existing programs.
- ◆ Expand mental health outreach.
- ◆ Increase collaborative efforts for community outreach.

Public/Private Partnership – Engaging the Business Community

- ◆ Pay private providers that give indigent care.
- ◆ Provide Chamber endorsed health plans for small businesses.
- ◆ Incorporate social services with health policy issues.
- ◆ Collaborate with everyone to help implement outreach action steps.
- ◆ Collaborate with the business community to bring back nurses into elementary schools.
- ◆ Rove human resource experts to small businesses that do not have in-house benefits personnel.
- ◆ Work with employers to enroll welfare-to-work employees into existing programs.

Governance

- ◆ Unify Miami-Dade County’s health care delivery system countywide.
- ◆ Offer system-wide involvement in health care delivery.
- ◆ Provide hospitals equal payment for equal care.
- ◆ Separate responsibilities for managing funds, formulating policy, and the provision of health services.

Summary of Mayor Penelas’ Address

“Too many of our residents do not have access to quality, convenient, and affordable health care.”

The following individuals and entities were acknowledged by Mayor Penelas for their interest and commitment to improving health care access to the uninsured: The Honorable Cindy Lerner (State Representative, District 119), The Honorable Katy Sorenson (Commissioner, District 8), John Clarkson (Dean, University of Miami School of Medicine), and Kathy Sigler (President, Miami-Dade Community College – Medical Campus). Mayor Penelas proceeded to thank Miami-Dade Community College - Wolfson Campus for hosting the event. Sponsors of the Mayor’s Health Care Initiative were also acknowledged for their commitment and contributions. Staff of the Office of the Mayor, including Diana Ragbeer, Edith Humes, and Marylin Rey were formally recognized for their efforts in coordinating the event, as were the Initiative’s Senior Advisors.

In his formal address to participants of the Mayor’s Health Care Initiative, the Honorable Alex Penelas, Mayor of Miami-Dade County, discussed the county’s challenge of creating quality, convenient, accessible and affordable health care for its 450,000 uninsured residents. Given the recent economic downturn, current estimates for Miami-Dade County indicated that nearly half a million residents are now without health insurance coverage. The uninsured comprise various population groups; however, it is our County’s most vulnerable residents, including children, individuals living below the federal poverty level, and the working poor, who are uninsured. The children of immigrant families, who comprise about one-third of children without health insurance coverage in this community, are also adversely affected.

Because solutions do not lie with government alone, Mayor Penelas has reached out to the private sector and has invited civic, social, business, religious and health organizations to develop innovative health care solutions. Also, long lasting partnerships between government and all interested parties need to be created and maintained. By means of this Initiative, Mayor Penelas seeks to “create a blueprint for health care access through public and private partnerships.” As indicated by Mayor Penelas, it is disturbing to know that there are many uninsured individuals, including children, who are eligible for some kind of health insurance coverage. Mayor Penelas asserts that “Florida has arguably one of the most progressive child insurance programs in the nation” and that there are enough state and local programs to provide health insurance coverage virtually for every child in the state. Mayor Penelas continually avowed his concern for uninsured children, particularly since 3 out of 5 parents with children eligible for Florida KidCare have not enrolled them in this safety program that encompasses most children in our community.

Mayor Penelas recognized that there are many reasons why uninsured individuals who are eligible for existing safety net programs are not enrolled. These reasons include cultural barriers, an innate fear of government, language barriers, and a lack of understanding of the eligibility and enrollment process. Mayor Penelas, however, cited that the main reason that eligible individuals are not enrolled in existing safety net programs is because of a lack of awareness regarding the availability and their eligibility for existing programs and how to access them. Some individuals may also feel that they do not need health insurance coverage.

Mayor Penelas recommended that what is needed are “ways to reach and educate and inform our residents about the availability of existing programs and teach them how to access these programs.” Presently, there are funds available (approximately \$4 million) through the Children Health Insurance Program (CHIP) for outreach endeavors. Our community needs to find ways to obtain these funds. Also, a few years ago the state awarded the Miami-Dade County Health Department \$300,000 for outreach programs. Because funds like these have been reduced throughout the years, “it is essential that we establish permanent funding resources and sources for these programs. We must also “continue to expand existing federal, state and local programs, and if necessary, create new ones to cast a wider and less porous

protective healthcare net in our community.” Mayor Penelas proceeded to acknowledge other innovative means that were discussed earlier in the program, including how to expand existing federal, state and local programs and how to develop working partnerships between government, business, and civic organizations.

Funds are needed to address many of our community’s health care challenges. Mayor Penelas acknowledged that the recently released RAND report, entitled Hospital Care for the Uninsured in Miami-Dade County: Hospital Finance and Patient Travel Patterns, has raised the issue of the distribution of public funds for indigent care and believes that this serious issue needs to be addressed and reconciled. Mayor Penelas also touched upon helping small business employees who have limited access to low cost or quality insurance. One solution volunteered by Mayor Penelas was the creation of a local insurance pool.

A synopsis of current legislative bills, including Representative Cindy Lerner’s co-sponsored House Bill 111 and Senator Silver’s sponsored Senate Bill 1276, was offered by Mayor Penelas. In summary, Representative Lerner’s HB 111 creates a pilot program, of designated health flex plans, to provide health care coverage for uninsured persons. Meanwhile, Senator Silver’s SB 1276 creates the “Florida Health and Human Service Access Act” which authorizes the development of a statewide “211” network that will integrate the many agencies that play a role in health care delivery, providing the consumer with one clearinghouse that will address all their health care needs.

A few moments were set aside by Mayor Penelas to affirm that the welfare of children has been one of the cornerstones of his administration. The accessibility of healthcare for these children is a right rather than a privilege or a favor, as is education. Mayor Penelas proceeded to expound on his statewide effort, “Pre-K 4 All” to amend the Florida Constitution and require universal pre-kindergarten in the state. All Initiative participants were made aware of the constitutional petition form available at the Initiative and were asked to support this effort to improve the quality of life of Florida’s children. As of mid-April 2002, approximately 127,696 petitions had been signed.⁹

Mayor Penelas proceeded to state his vision and charge to Initiative participants. The Mayor stated that “there is no reason why in this nation, in this country, in this century, in this year, there should even be one person who does not have full access to health care.” Mayor Penelas also enjoined that his vision is “to generate innovative ideas for change.” With this in mind, Mayor Penelas proceeded to announce the formation of a Health Care Access Task Force to shape and develop a plan to implement the priorities set forth by Initiative participants. The following individuals were appointed Co-Chairs of the Health Care Access Task Force:

James Bridges, M.D., Medical Co-Chair
Carlos Saladrigas, Private Sector Co-Chair
Steven Marcus, Ed.D., Foundation Co-Chair

The full listing of individuals who have been invited and have accepted to serve as members of the Health Care Access Task Force are found on page 28.

The charge of the Health Care Access Task Force is to provide oversight and assist in the design of a plan that offers a comprehensive strategy for addressing the prioritized recommendations. The Task Force is also charged to investigate the availability of funds to ensure successful implementation of recommended programs and plans of action.

⁹ Pre-K 4 All Initiative, Miami-Dade County Government. Available at: www.co.miami-dade.fl.us/4prek/

Summary of:
Presentation of
Outcomes from
“Call to Action”
Session &
Ranking of
Outcome Priorities
& Legislative
Responses

Phyllis Busansky, consultant for the Initiative, facilitated the presentation of outcomes from the “Call to Action” session and ranking of outcome priorities. The following are the results of the interactive voting process, including the top three priorities for each of the three specified categories:

Expanding Eligibility

The Expanding Eligibility category received a total of 410 votes. The top three priorities identified by participants are:

- ◆ Expand eligibility to undocumented children. (47 votes)
- ◆ Expand eligibility to undocumented individuals. (45 votes)
- ◆ Expand eligibility to working people, particularly to those who have recently transitioned from welfare to work. (43 votes)

Outreach & Education

The Outreach & Education category received a total of 340 votes. The following are the top three priority areas identified by participants:

- ◆ Provide education on prevention and primary care. (61 votes)
- ◆ Breakdown cultural barriers for immigrants. (40 votes)
- ◆ Provide education on transportation services. (32 votes)

Public/Private Partnerships

As a whole, the Public/Private Partnerships category received a total of 308 votes. The following are the top three priority areas:

- ◆ Pay private providers that give indigent care. (96 votes)
- ◆ Provide Chamber endorsed health plans for small businesses. (57 votes)
- ◆ Incorporate social services with health policy issues. (49 votes)

Governance (Added Category for Action)

The category for Governance-related recommendations received 58 votes from Initiative participants. Although four recommendations had been offered by participants, these recommendations were collapsed into two recommendations given the duplication of meaning.

- ◆ Unify Miami-Dade County’s healthcare delivery system countywide. (37 votes)
- ◆ Separate responsibilities for managing funds, formulating policy, and the provision of health services. (21 votes)

It should be noted that the top three ranked priorities across **all four** categories were the following:

1. Pay private providers that give indigent care. (96 votes)
2. Provide education on prevention and primary care. (61 votes)
3. Provide Chamber endorsed health plans for small businesses. (57 votes)

Three cross-cutting issues include:

1. Addressing public/private governance and structural allocation of resources; (154 votes)
2. Addressing the needs of our immigrant and undocumented population; (132 votes) and
3. Addressing the integration of social service and other support services with health services. (124 votes)

For a comprehensive listing of outcome priorities and rankings, please refer to the Appendix section.

Following the presentation of outcomes from the planning session and ranking of outcome priorities, Mayor Penelas noted that he identified the following four recurring themes throughout the presentation of outcomes:

- ◆ Children
- ◆ Immigrants
- ◆ Transportation
- ◆ Governance

Although Mayor Penelas was not surprised at the recommended priorities, he did note that transportation barriers are faced by the uninsured, as well as the insured and underinsured. Therefore, he hopes that the healthcare community rallies to support transportation initiatives which he is trying to move forward this year. In conclusion, Mayor Penelas asserted that the real challenge will now be to implement the recommendations presented and prioritized at today's Health Care Initiative.

Appendices

Outcome Priorities & Rankings

Mayor's Health Care Initiative Outcome Priorities & Rankings

I. Expanding Eligibility	Number of Votes	Rank
Expand eligibility to undocumented children.	47	1
Expand eligibility to undocumented individuals.	45	2
Expand eligibility to working people, particularly to those who have recently transitioned from welfare to work.	43	3
Offer health care as a constitutional right.	40	4
Expand prescription coverage for senior citizens.	33	5
Expand primary and preventive health care.	31	6
Expand eligibility to all uninsured Miami-Dade County residents.	24	7
Expand eligibility to single mothers.	23	8
Increase individual and small employer access to health insurance coverage.	22	9
Breakdown language and cultural barriers that prevent access to health care.	20	10
Give priority to indigents.	19	11
Expand eligibility to same sex partners.	15	12
Expand eligibility for dental services.	14	13
Expand eligibility to adults between the ages of 18-65 - between KidCare and elder/disabled coverage (near elders and adults).	13	14
Address fraud abuse and misuse of the health care system in both the public and private sector to free up money for coverage.	9	15
Simplify the application process of public insurance programs.	8	16
Expand catastrophic coverage.	3	17
Pay private hospitals that provide uncompensated care.	1	18
Expand waiver services.	0	19
Subtotal	410	

II. Outreach & Education	Number of Votes	Rank
Expand prevention and primary care education.	61	1
Breakdown cultural barriers for immigrants.	40	2
Provide education on transportation services.	32	3
Involve the faith community in outreach efforts.	27	4
Address mental health and substance abuse issues.	24	5
Implement early intervention to holistically address social, economic and mental health needs.	20	6
Expand education on available programs to promote enrollment in existing programs.	20	7
Expand nurse recruitment efforts within high schools.	16	8
Work with community organizations that represent hard to reach populations.	16	9
"Cut the Red Tape" for joint outreach and enrollment. For example, child care and reduced price lunch eligibility should be combined with KidCare eligibility.	16	10
Utilize public health professionals for neighborhood-based outreach efforts to direct residents to available services.	14	11
Utilize different systems (e.g., health, social services) for outreach efforts.	13	12
Expand mental health outreach.	11	13
Address the nutritional value of food served to children at school.	9	14
Expand KidCare outreach and education efforts to employers.	7	15
Expand education efforts toward health care providers to promote enrollment in existing programs.	6	16
Increase collaborative efforts for community outreach.	5	17
Conduct a public service campaign and survey public knowledge regarding existing health insurance programs.	3	18
Subtotal	340	

Mayor's Health Care Initiative Outcome Priorities & Rankings (continued)

III. Public/Private Partnerships	Number of Votes	Rank
Pay private providers that give indigent care.	96	1
Provide chamber endorsed health plans for small businesses.	57	2
Incorporate social services with health policy issues.	49	3
Collaborate with the business community to bring back nurses into elementary schools.	43	4
Work with employers to enroll welfare-to-work employees into existing programs.	35	5
Collaborate with everyone to help implement outreach action steps.	17	6
Rove human resources experts to small businesses that do not have in-house benefits personnel.	11	7
Subtotal	308	

IV. Governance	Number of Votes	Rank
Unify Miami-Dade County's health care delivery system countywide.	37	1
Offer system-wide involvement in health care delivery.		
Separate responsibilities for managing funds, formulating policy, and the provision of health services.	21	2
Provide hospitals equal payment for equal care.		
Subtotal	58	

Health Care Access Task Force

Chair and Co-Chairs

Mayor Alex Penelas
Presiding Chair

James Bridges, M.D.
Medical Co-Chair

Steven E. Marcus, Ed.D.
Foundation Co-Chair

Carlos Saladrigas
Private Sector Co-Chair

Business Representatives

Terry Cuson
Coalition of Chambers

Rhodele Holzberg
Greater Miami Chamber of Commerce

Nick Kallergis
Greenway Consulting, Inc.

Debbie Korge
Junior League of Miami

Jean S. Logan
Strategic Partners Consulting, Inc.

Frank Otero
The Paco Group, Inc.

Evan T. Rees
Union Planters Bank

Educational Institutions

Dean John Clarkson
University of Miami School of Medicine

Nereida Santa-Cruz
Miami-Dade County Public
School Board

Kathie Sigler, Ed.D.
Miami-Dade Community College
Medical Campus

Vandon White, Ph.D.
Florida International University

Miami-Dade County – Board of County Commissioners

Joe A. Martinez
Miami-Dade County Commissioner
District 11

Dorrin Rolle
Miami-Dade County Commissioner
District 2

Katy Sorenson
Miami-Dade County Commissioner
District 8

Rebecca Sosa
Miami-Dade County Commissioner
District 6

Health Care Association/Private Hospitals

Linda Quick
South Florida Hospital and
Healthcare Association

Behavioral Health Care

Sylvia Coats-Boyton, M.D.,
Behavioral Health Center – Community
Health of South Dade, Inc.

Judge Steven Leifman
Miami-Dade County

Health Care Services Delivery System

Francis Afram-Gyening
Economic Opportunity Family Health
Center, Inc.

Ira Clark
Public Health Trust

Betsey Cooke
Health Choice Network, Inc.

Pedro Joe Greer, Jr., M.D.
Private Practice Physician

Amadeo Lopez-Castro
Public Health Trust

Health Care Services Delivery System (cont'd)

Rudy Moise, M.D.
Comprehensive Health Care, Inc.

Tom Rozek
Miami Children's Hospital

Pharmaceutical Companies

Albert Collazo
PhArma

Anthony Mendez
World-Net Medical Dist.

Glenn Parker
United States Pharmaceutical Group, Inc.

Advocacy Organizations

Baerga Gilbert
American Cancer Society

David Lawrence
The Early Childhood Initiative
Foundation

Daniella Levine
Human Services Coalition

John Muhammed
Miami-Dade HIV/AIDS Partnership

Leda Perez, Ph.D.
Community Voices Miami

David Saltman
Jewish Community Services

Faith Based Organizations

Yvonne Sawyer
Family and Children Faith Coalition

Reverend Donna Schaper
Coral Gables Congregational Church

Bishop Thomas Wenski
Catholic Charities

Government/Elected Officials

Charles Auslander
State of Florida - Dept. of Children and
Families

Senator Bob Graham
Federal Elected Official

James J. James, M.D.
State of Florida - Miami-Dade County
Health Department.

Representative Cindy Lerner
State Elected Official

Judy Rosenbaum
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Alexandria Douglas
Alliance for Human Services

Hilary Hoo-you
Dade County Health Policy Authority

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Health Council of South Florida, Inc.

Senior Economist

Alphonse Holtmann
Professor

Legal

Michael Kosnitzky
Healthcare Attorney

Jennifer Smith
Healthcare Attorney

Health Care Consumers

To be announced - Consumer selected by
the Health Choice Network, Inc.

To be announced – Consumer selected
by the Public Health Trust

Senior Advisors

AHCA/Miami Medicaid Program
Alliance for Human Services
Camillus House – Community Voices Miami
Dade County Health Policy Authority
Florida International University
Greater Miami Chamber of Commerce
Health Council of South Florida, Inc.
Health Foundation of South Florida, Inc.
Health Choice Network, Inc.
Healthy Start Coalition of Miami-Dade
Human Services Coalition of Dade County
Jackson Health Systems
Junior League of Miami
Miami Children’s Hospital
Miami-Dade Community College Med. Campus
Miami-Dade County Dept. of Human Services
Miami-Dade County Health Department
Miami-Dade County Office of the
Mayor Alex Penelas
Office of Senator Bob Graham
Public Health Trust
S. Florida Hospital & Healthcare Association
State of Florida Dept. of Children and Families
Strategic Partners Consulting
St. Thomas University
The Early Childhood Initiative Foundation
Welfare to Work Partnership Miami BlizLink

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Modesto Abety
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A Safe Heaven for Newborns

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Dade County Medical Association

Bobbie Brinegar
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Improvement

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Justine Clebb
MDCC Medical Campus

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Miami Beach Community Health Center

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Associated Home Health

R. Terry Cuson
North Dade Chamber

Carol Davis
The Salvation Army

Carmen De Lerma
South Miami Hospital

Elena Del Valle
Health Council of South Florida, Inc.

Alina Diaz
Miami-Dade County Public Schools

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Legal Services of Greater Miami

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American Cancer Society

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Tenet Healthcare

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Greg Ferenckak
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Healthy Start Coalition of Miami

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South Shore Hospital

Olga Garcia
Florida Department of Children and Families

Barbara Garcia-Solimar
Sponsor

Lourdes Garrido
Kendall Medical Center

Jan Golden
Parkway Regional Medical Center

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Caridad Hernandez
The Nursing Center at Mercy

Carmen Hernandez
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William Zubkoff, Ph.D.
South Shore Hospital

Presentations of Keynote Speakers



Creating a Blueprint for Health Care Access

... A Public and Private Partnership

FEBRUARY 15, 2002

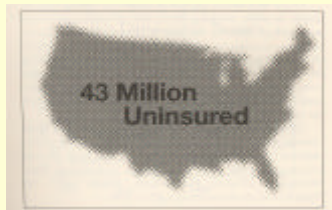
Getting to Know the Uninsured: A National and Local Perspective

Presented by:
Vandon White, Ph.D.



Mayor's Health Care Initiative
February 15, 2002

Today's Situation



55 million are uninsured for at least one month

- Who are the uninsured?
 - Children - there are an estimated 10 million uninsured children in the U.S.
 - Full-Time Workers – 17% of full-time workers are without health coverage.
 - Working Poor – 48% of full-time workers with incomes below the poverty line are uninsured.
 - Immigrants – Percent of non-elderly uninsured immigrants is also high (Los Angeles: 55%, New York City: 46%, Miami: 42%, and Houston: 35%)
 - College Students

Sources: Covering Kids, 2000; Community Voices for the Underserved, June 2000; Kaiser Commission on Medicaid and the Uninsured, February 2001.

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How Did We Get Here?

- Many workers face problems retaining affordable coverage when they change jobs or lose their jobs.
- There is often a loss of Medicaid coverage during welfare to work transition.
 - Among women leaving welfare who found jobs, only 32% obtained private health coverage; 34% continued on Medicaid, while 33% became uninsured.
- Many employers, especially small businesses, do not offer health insurance coverage.
- We have a global and information-based economy.
 - contributed to a decline in demand for low-skilled workers in the U.S., resulting in a reduced portion of low-skilled workers with health benefits.

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The Florida Health Insurance Study

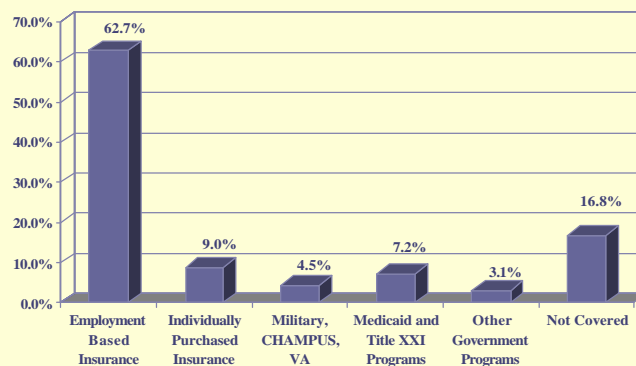
2.1 Million Floridians Uninsured

- Nearly 2 in 10 Floridians are uninsured.
- In 1999, fewer Floridians were uninsured than in 1993 (a decrease from 2.6 million to 2.1 million).
- The uninsured are heavily concentrated in certain regions of the state.
- Nearly half of the uninsured earn less than 150% of the Federal Poverty Level (\$25,575 annual income for a family of four).
- About 65.2% of uninsured employed Floridians age 18-64 have employers who do not offer health insurance.
- Nearly 75% of Floridians polled by FHIS cited “high cost” as the main reason for not having health insurance.

Source: *Florida Health Insurance Study, 2000.*

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*Floridians' Sources of Health Insurance**



* Sources of health coverage are not mutually exclusive. Some people may have more than one type of coverage.

Source: *Florida Health Insurance Study, 2000.*

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Miami-Dade County in Perspective

Percent Non-Elderly Uninsured by County, 1999

County	Population Under 65	Number of Uninsured	Percent Uninsured	Rank
Glades	8,273	2,458	29.71	1
Hardee	18,519	5,320	28.73	2
Okeechobee	27,883	7,930	28.44	3
De Soto	21,231	5,857	27.59	4
Hendry	28,700	7,783	27.12	5
Miami-Dade	1,777,811	448,505	25.23	6
Highlands	52,245	13,119	25.11	7
Hamilton	11,076	2,544	22.97	8
Dixie	10,156	2,324	22.88	9
Lafayette	5,609	1,262	22.5	10

Source: *Florida Health Insurance Study*, 2000.

Miami-Dade County also has the highest uninsurance rate of any urban county in Florida, 60% higher than Broward, Palm Beach, Hillsborough, and Pinellas Counties, and more than twice as high as Duval.

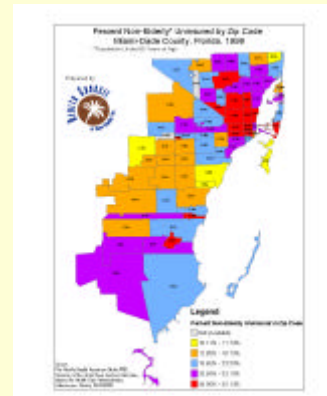
Source: *Lives at Risk: Nearly Half Million Without Health Insurance in Miami-Dade County* The Access Project, September 2000.

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Miami-Dade County's Uninsured

- 448,505 uninsured (25.2%) or 1 in 4 County residents.
- Racial/Ethnic Breakdown:*
 - 39.2% - Other (includes American Indians, Asians, and mixed race) (16,000 residents)
 - 29.7% - Hispanics (278,000 residents)
 - 25.3% - African Americans (112,000 residents)
 - 11.4% - White Non-Hispanics (46,000 residents)
- Children
 - 103,000 children age 0 to 17 are without health insurance – 20% for 0 to 4 year olds.
- Full-time & Part-time workers
 - Over 20% of adults (age 18 to 64) employed full-time and 36% of adults employed part-time are uninsured.

* All estimates are rounded to the nearest 1,000; therefore subtotals may not round to the county total.

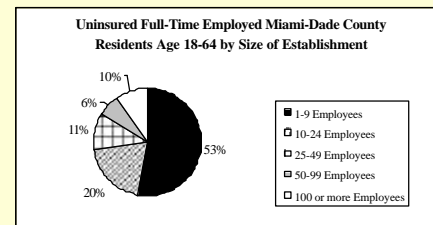
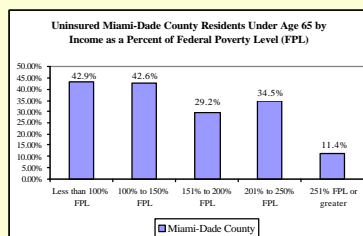


Sources: *Florida Health Insurance Study 2000*; *Lives at Risk: Nearly Half Million Without Health Insurance in Miami-Dade County* The Access Project, September 2000.

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Miami-Dade County's Uninsured

- Nearly 43% of those earning between 100% FPL to 150% of the Federal Poverty Level are uninsured.
- More than half (76,000) of uninsured full-time workers are employed by small businesses (1-9 employees).



Source: *Florida Health Insurance Study, 2000.*

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Reasons for High Rates of Uninsurance in Miami-Dade

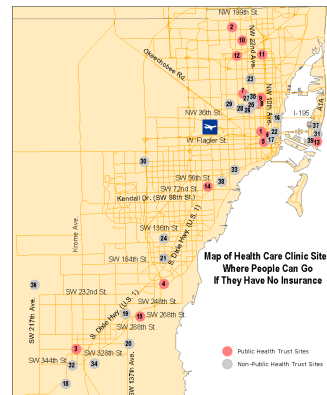
- Historically high rates of uninsurance among Hispanics coupled with the large number of Hispanic residents in the County.
- Low rates of employer offered health insurance and the high cost of premiums.
- The failure of public insurance programs to fill the gap.

Source: *Lives at Risk: Nearly Half Million Without Health Insurance in Miami-Dade County The Access Project, September 2000.*

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Current Programs and Safety Net Providers

- Public Insurance (e.g., Medicaid, Medicare, Florida KidCare)
- Public Health Clinics (i.e., Jackson Health System Clinics)
- Federally Qualified Health Centers (e.g., Health Choice Network member centers, Miami Beach Community Health Center)
- Hospitals



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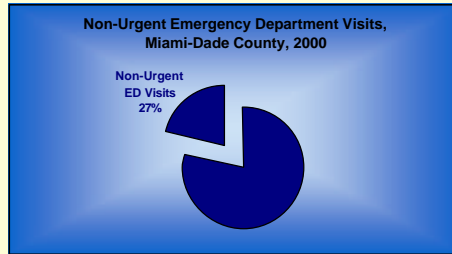
The Experience of the Uninsured with Health Care Access and Costs

- Inadequate access to early treatment, preventive care, and disease management
- Lack of knowledge of available resources
- Affordability of health care services
- Accessibility of health care services (e.g., hours of operation of public clinics, location of health care centers and physician offices)
- Cultural and language barriers
- Long waiting lines and long waiting period for appointments
- Lack of transportation
- Lack of neighborhood based services
- Missed medical appointments due to work schedule limitations
- Inadequate information on the appropriate use of the emergency room

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The Experience of the Uninsured with Health Care Access and Costs

● Inappropriate Utilization of the Emergency Room



Source: Health Council of South Florida, December 2001.

It is estimated that 235,902 of the County's total
Emergency Department visits during calendar year 2000 (873,711)
were of a nonurgent nature.

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Established Programs & Programs Striving Toward Success

- Established Programs
 - KidCare Program
 - Medicaid
 - Medicare
- Current Initiatives include:
 - Community Voices Miami
 - Early Childhood Initiative
 - Florida's AIDS Insurance Continuation Program (AICP)
 - Healthy Start
 - HRSA Community Access Program (CAP)
 - Miami-Dade County Department of Health:
 - Special Immunization Program Mobile Van Unit
 - Volunteer Health Care Provider Program
 - School Nurse Programs

Refer to the [Matrix of Selected Health Initiatives](#) for further detail.

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Key Recommendations from Current Proposals

Directly Impacting the Business Community

- Encourage partnerships that would expand health care coverage in the workplace through existing government supported programs.
- Explore financial incentives that would encourage more small businesses to offer insurance.
- Foster public/private partnerships to expand access to primary care centers and to disseminate targeted health information, thereby fostering a healthier workforce.
- Support efforts to educate businesses on public health insurance programs for employers and their families.
- Promote employee education on the importance of early intervention.
- Review best practices of other states that have had success in expanding insurance coverage for employees of small and large businesses.
- Support and engage in disease management initiatives for chronic conditions such as asthma and diabetes to help improve quality of life, reduce absenteeism, increase productivity, and maintain a strong workforce.

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Key Recommendations from Current Proposals

Indirectly Impacting the Business Community

- Support Healthy People 2010 and its goals to (1) increase quality of life and years of healthy life and (2) to eliminate health disparities.
- Increase access to prenatal care access, particularly in low-income areas where the percentage of mothers receiving late or no prenatal care are high.
- Increase access to primary and secondary health services including dental, vision, mental health and specialty care.
- Advocate for additional Federal and State funding for health care coverage and capacity building among local providers.
- Support neighborhood driven education and outreach initiatives that are culturally and age sensitive.
- Advocate for additional school-based health services.
- Encourage information sharing and joint planning efforts between local community-based organizations, local universities, and the local health department.
- Advocate for affordable and reliable transportation.
- Advocate for free or low-cost quality daycare to children of low-income families.

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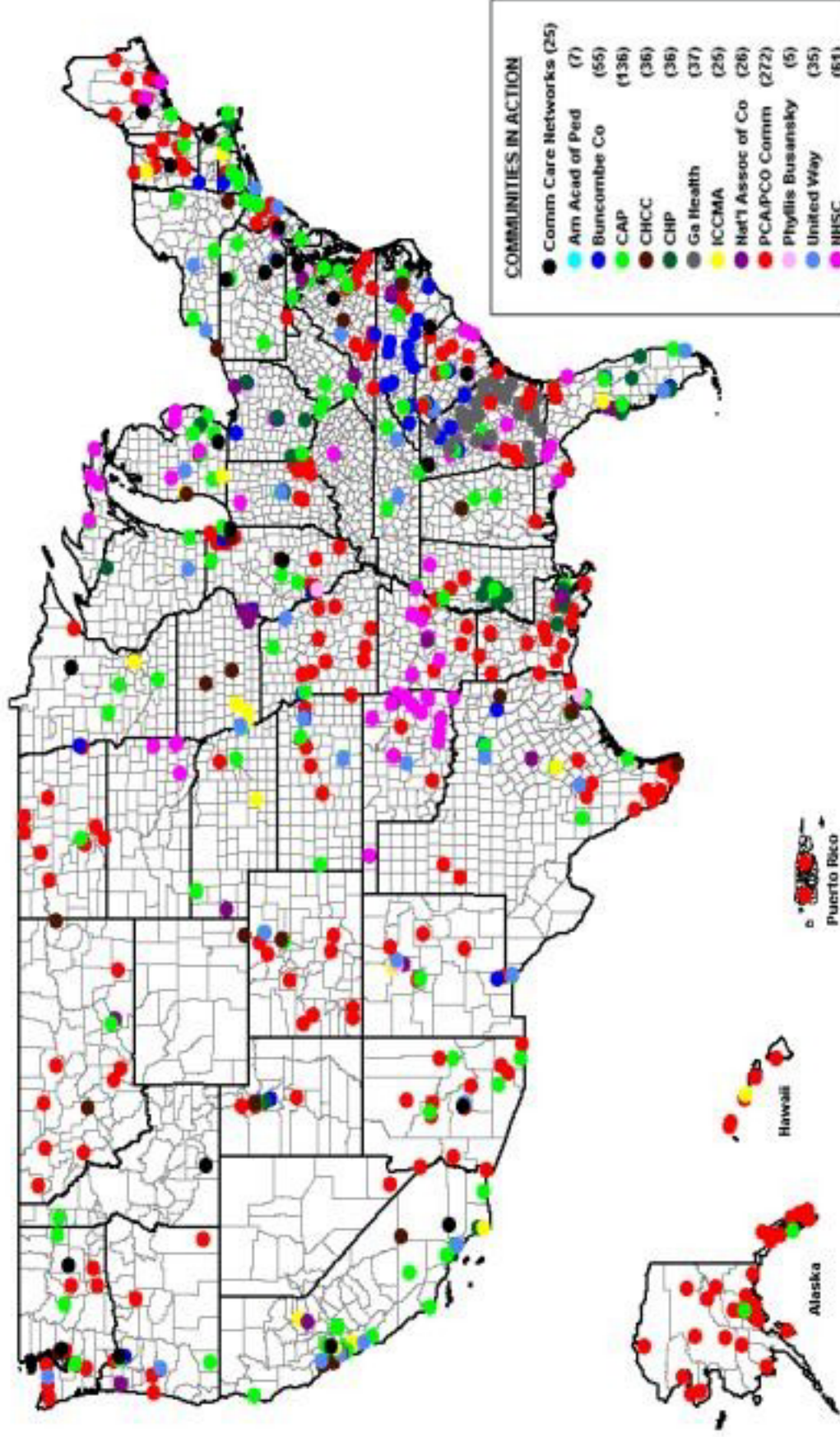


Creating a Blueprint for Health Care Access

... A Public and Private Partnership

FEBRUARY 15, 2002

Communities in Action State of the 100/0 Movement



Developed by: BPHC, KDC, NHV, 2001



Creating a Blueprint for Health Care Access

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Public/Private Partnerships

- Pay private providers that give indigent care
- Chamber endorsed health plans for small businesses
- Incorporate social services with health policy issues



Other Recommendations Public/Private Partnerships

- **Bring back nurses to schools**
- **Roving Human Resources experts to help companies that do not have separate benefit people**
- **Welfare to Work folks to work with employers to get new people covered**
- **Bringing everyone together helps to outreach action steps**

3



Expanding Eligibility

- **Undocumented children**
- **Undocumented individuals**
- **Working people - Welfare to Work transition**

4






Other Recommendations Expanding Eligibility

- Priority for indigents
- Prescription coverage
- Simplifying application process
- Eliminate fraud and abuse
- Constitutional right to health care
- Universal health care coverage



Other Recommendations Expanding Eligibility

- Insurance coverage for small employers and individuals
 - Hospitals providing uncompensated care
 - Primary and preventive health care
 - Single mothers
 - Same sex partners
 - Adults between 18-64
 - Waiver services
 - Dental services
 - Cultural competence
 - Catastrophic coverage
- 




Outreach and Education

- Education on prevention and primary care
- Breakdown cultural barriers for immigrants
- Transportation Services

7



Other Recommendations Outreach and Education

- Public service campaign
 - Early intervention - holistically
 - Faith community involvement
 - Public health professionals working in neighborhoods
 - Nutritional value of foods served in schools
 - Cut the red tape
 - Work with community resources for hard to reach populations
 - Transportation
 - Student outreach for nursing
 - Combined social and health outreach
 - Education of health care providers
 - Educate employees about Kid Care
 - Education on available programs
 - Mental health outreach
 - Outreach as a group effort
- 

Building Integrated Delivery System (Governance)

- System should be unified county-wide
- System-wide involvement



Creating a Blueprint for Health Care Access

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